

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/070601	FILING DATE	
						APPLICANT(S)		
						CLAIMS		
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/	/	/	/	/	51		
2	/	/	/	/	/	52		
3	/	/	/	/	/	53		
4	/	/	/	/	/	54		
5	/	/	/	/	/	55		
6	/	/	/	/	/	56		
7	/	/	/	/	/	57		
8	/	/	/	/	/	58		
9	/	/	/	/	/	59		
10	/	/	/	/	/	60		
11	/	/	/	/	/	61		
12	/	/	/	/	/	62		
13	/	/	/	/	/	63		
14	/	/	/	/	/	64		
15	/	/	/	/	/	65		
16	/	/	/	/	/	66		
17	/	/	/	/	/	67		
18	/	/	/	/	/	68		
19	/	/	/	/	/	69		
20	/	/	/	/	/	70		
21	/	/	/	/	/	71		
22	/	/	/	/	/	72		
23	/	/	/	/	/	73		
24	/	/	/	/	/	74		
25	/	/	/	/	/	75		
26	/	/	/	/	/	76		
27	/	/	/	/	/	77		
28	/	/	/	/	/	78		
29	/	/	/	/	/	79		
30	/	/	/	/	/	80		
31	/	/	/	/	/	81		
32	/	/	/	/	/	82		
33	/	/	/	/	/	83		
34	/	/	/	/	/	84		
35	/	/	/	/	/	85		
36	/	/	/	/	/	86		
37	/	/	/	/	/	87		
38	/	/	/	/	/	88		
39	/	/	/	/	/	89		
40	/	/	/	/	/	90		
41	/	/	/	/	/	91		
42	/	/	/	/	/	92		
43	/	/	/	/	/	93		
44	/	/	/	/	/	94		
45	/	/	/	/	/	95		
46	/	/	/	/	/	96		
47	/	/	/	/	/	97		
48	/	/	/	/	/	98		
49	/	/	/	/	/	99		
50	/	/	/	/	/	100		
TOTAL IND.	2	3	3	3	3	TOTAL IND.		
TOTAL DEP.	22	22	22	22	22	TOTAL DEP.		
TOTAL CLAIMS	24	23	23	23	23	TOTAL CLAIMS		

PTO-1290 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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